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Approved for use through 10/31/98 PTO/SB/01 (6-95)
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE OMB 0651-0032

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Rev. 6/95 Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing. OR ☒ Declaration Submitted after Initial Filing.

Attorney Docket Number	Met/4 CIP
First Named Inventor	Thomas J. McMurry et al.
COMPLETE IF KNOWN	
Application Number	08/875,365
Filing Date	01/16/96 (TA)
Group Art Unit	
Examiner Name	

COPY OF PAPERS
ORIGINALLY FILED

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Diagnostic Imaging Contrast Agents with Extended Blood Retention

the specification of which

(Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 01/16/1996 as United States Application Number or PCT International

Application Number PCT/US96/00164 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 112(c) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comment: the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20221. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/382,317		02/01/1995	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

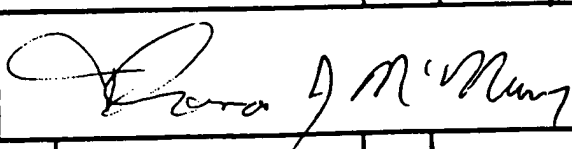
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
James F. Haley, Jr. Pablo D. Hendler	27,794 40,015		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: <input type="checkbox"/> Customer Number		OR <input checked="" type="checkbox"/> Fill in correspondence address below	
Name	James F. Haley, Jr., Esq.		
Address	Fish & Neave		
Address	1251 Avenue of the Americas		
City	New York	State	N.Y.
Country	U.S.A.	Telephone	212-596-9330
		Fax	212-596-9090

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Thomas	Middle Initial	J.						
Family Name	McMurry	Suffix e.g. Jr.							
Inventor's Signature			Date	11/25/97					
Residence: City	Winchester	State	MA	Country		Citizenship	U.S.		
Post Office Address	4 Bonad Road								
Post Office Address									
City	Winchester	State	MA	Zip	01890	Country		Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Hironao			Middle Initial		Family Name	Sijiki		Suffix e.g. Jr.		
Inventor's Signature	<i>Hironao Sijiki</i>					Date	3/11/2002				
Residence: City				State		Country	Japan		Citizenship	Japanese	
Post Office Address	Address changed !!										
Post Office Address	2-23 Kohei-cho										
Post Office Address	Gifu 502-0823, Japan										
City	Gifu			State		Country	Japan		Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Daniel			Middle Initial	M.	Family Name	Scott		Suffix e.g. Jr.		
Inventor's Signature						Date					
Residence: City	Acton			State	MA	Country			Citizenship	U.S.	
Post Office Address	42 Nylander Way										
Post Office Address											
City	Acton			State	MA	Zip	01720		Country		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Randall			Middle Initial	B.	Family Name	Laufer		Suffix e.g. Jr.		
Inventor's Signature	<i>Randall B. Laufer</i>					Date	11-25-97				
Residence: City	Brookline			State	MA	Country			Citizenship	U.S.	
Post Office Address	23 Sumner Road, #2										
Post Office Address											
City	Brookline			State	MA	Zip	02146		Country		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name				Middle Initial		Family Name			Suffix e.g. Jr.		
Inventor's Signature						Date					
Residence: City				State		Country			Citizenship		
Post Office Address											
Post Office Address											
City				State		Zip			Country		

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet								
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name		Hironao			Middle Initial				Family Name		Sijiki			Suffix e.g. Jr.				
Inventor's Signature										Date								
Residence: City		Gifu			State				Country		Japan		Citizenship		Japanese			
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Post Office Address																		
City		Gifu			State				Zip		500		Country		Japan		Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name		Daniel			Middle Initial		M.		Family Name		Scott			Suffix e.g. Jr.				
Inventor's Signature		<i>Daniel M. Scott</i>								Date		12/1/97						
Residence: City		Acton			State		MA		Country				Citizenship		U.S.			
Post Office Address		42 Nylander Way																
Post Office Address																		
City		Acton			State		MA		Zip		01720		Country				Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name		Randall			Middle Initial		B.		Family Name		Laufer			Suffix e.g. Jr.				
Inventor's Signature										Date								
Residence: City		Brookline			State		MA		Country				Citizenship		U.S.			
Post Office Address		23 Sumner Road, #2																
Post Office Address																		
City		Brookline			State		MA		Zip		02146		Country				Applicant Authority	
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Given Name					Middle Initial				Family Name					Suffix e.g. Jr.				
Inventor's Signature										Date								
Residence: City					State				Country				Citizenship					
Post Office Address																		
Post Office Address																		
City					State				Zip				Country				Applicant Authority	

☐ Additional inventors are being named on supplemental sheet(s) attached hereto